



HIDING IN PLAIN SIGHT: MEN'S HEALTH AND THE RESPONSE OF GLOBAL ORGANISATIONS

KEY MESSAGES

- Men's health is problematic at the national and global levels.
- There has been a marked lack of action on men's health by the world's most influential global health institutions.
- There are some encouraging signs of progress, including the forthcoming WHO-Europe men's health strategy and national men's health policies in four countries.
- Sustained and effective action on men's health would improve outcomes for men themselves, women and children and represent a cost-effective investment for health systems.
- The Sustainable Development Goals have created a new opportunity to address men's health because many of the key health issues included in the health targets disproportionately impact on men.
- A comprehensive range of actions is now needed from global health organisations, including assessing the needs of men in the communities they serve or with respect to the issues they address, defining gender appropriately in their policies and programmes, disaggregating their programme data by sex, recognising that interventions that take account of gender differences are likely to achieve better outcomes and committing themselves to actions that benefit both men and women and contribute to gender equality.

The men's health policy gap

Men's healthⁱ is widely known to be problematic at the national and global levels. Recent WHO data shows that, in 2016, global male life expectancy at birth was a little under 70 years. Over 20 countries, mostly in Africa, had a male life expectancy below 60 years.¹

Despite the grim statistics and everyone's fundamental human right to the highest attainable standard of health,² there has been a marked lack of action on men's health by the world's most influential global health institutions. An analysis of the policies and programmes of 11 such organisations, including WHO, found that they did not address the health needs of men.³ A complementary study of 18 Global Public Private Partnerships for Health (e.g. GAVI, Global Road Safety Partnership and TB Alliance) came to similar conclusions.⁴ An assessment of the World Bank's gender policies and its financing for gender programmes in the context of global health found that it had given little emphasis to the needs of males.⁵

MEN'S HEALTH: GLOBAL STATISTICS I

- The male:female ⁱⁱ **life expectancy** 'gap' is widening. The difference in life expectancy at birth between men and women globally increased from 4.2 years in 1970 to 5.5 years in 2016.⁶ The difference is forecast to rise to seven years by 2030.⁷
- Men are more likely to die prematurely (between 30 and 70 years) from any one major **non-communicable disease** (cardiovascular disease, cancer, diabetes or chronic respiratory disease). In 2016, men had a 22% probability of dying compared to 15% for women.⁸
- Men are more likely to develop and die from **cancer**. The overall age standardised cancer incidence rate in 2012 was almost 25% higher in men than in women, with rates of 205 and 165 per 100,000, respectively.⁹ The age standardised cancer mortality rate was over 50% higher for men (126 for men compared to 83 for women).
- Men are more likely to die from **coronary heart disease**. A recent study of data for 26 countries found that, in 2010, coronary heart disease mortality was, on average, about four times higher in men than in women aged 30–60; the ratio declined gradually but was still two times higher at ages 75–80.¹⁰
- **Diabetes** is more common in men. From 1980 to 2014, worldwide age-standardised adult diabetes prevalence increased from 4 to 9% in men and from 5 to 8% in women [5]. It is estimated that, if post-2000 trends continue, age-standardised prevalence of diabetes in 2025 will reach 13% in men and 10% in women.¹¹

Some groups of men are particularly susceptible to health problems, such men who are gay or bisexual, transgender, migrants, prisoners, homeless or living on a low income. Men who are from certain ethnic groups, not least indigenous populations (e.g. in Australia, Canada and New Zealand), are also more vulnerable.

ⁱ In this report, 'men's health' is used as shorthand for 'the health and wellbeing of men and boys.'

ⁱⁱ This section compares selected male and female health outcomes but should not be read as meaning that males have worse health outcomes than women overall or that female health is satisfactory.

A recent study by the Global Health 50/50 initiative, based at the University College London Centre for Gender and Global Health, looked at the gender-related policies of 140 major organisations working in and/or influencing the field of global health.¹² Its analysis showed that:

- Only 40% of organisations mention gender in their programme and strategy documents
- Most organisations (66%) do not define gender in their institutional policies
- 31% define gender in a manner that 'is consistent with global norms' (i.e. a focus on men as well as women and also on the structures and systems that determine gender roles and relationships)
- Only 55% of organisations state a commitment to gender equality in their strategies or policies
- 34% state a commitment to gender equality to benefit all people (women and men)
- 21% state a commitment to gender equality to benefit women and girls exclusively
- 65% of organisations do not disaggregate their programme data by sex

MEN'S HEALTH: GLOBAL STATISTICS II

- **Homicide** affects many more men. Males accounted for 82% of all homicide victims in 2012 and have estimated rates of homicide that are more than four times those of females (10.8 and 2.5, respectively, per 100,000).¹³
 - Men are much more likely to die as a result of **suicide**. In high-income countries, three times as many men died by suicide than women in 2012, while globally the corresponding figure was almost twice as many.¹⁴
 - Young men are more likely to die because of a **road traffic accident**. Almost three-quarters (73%) of all road traffic deaths occur among young males under the age of 25 years.¹⁵
 - There is a large sex difference for deaths caused by **occupational risks**: 88% of deaths from this cause were male in 2010.¹⁶
 - Men are more likely to **smoke**. The age-standardised prevalence of daily smoking in 2015 was 25% for men and 5% for women.¹⁷ In 2010, 72% of deaths from tobacco smoking were male.¹⁸
 - Men consume more **alcohol**. Total alcohol per capita consumption in 2010 among drinkers worldwide was, on average, 21 litres of pure alcohol for males and nine litres for females.¹⁹ In 2010, 65% of deaths from alcohol were male.²⁰
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The report argued that ‘many global health organisations still operate with a narrow view of gender and its relationship to health It is important to again emphasise that the concept of gender is not interchangeable with women A focus on the health of women forms part of and is complementary to, but not synonymous with, the promotion of gender equality in health.’

The UN’s Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030) overlooked boys and world leaders²¹ at the 2016 G7 Ise-Shima Summit in Japan made important commitments to improving women’s health but did not mention men, or how they could be engaged to support improvements in women’s health.²²

The European Commission published a major report on the state of men’s health in 2011²³ but it did not include any recommendations for action and has not yet led to any observable changes in policy. The European Commission’s Strategic Plan 2016-2020 for

THE BENEFITS OF IMPROVING MEN’S HEALTH

Action to improve men’s health would:

- **Reduce the unnecessary suffering of men and boys.** This must be considered an ethical imperative.
- **Improve the health and wellbeing of women and children.** Better men’s health would reduce the risk to women and children of household incomes being adversely affected by the incapacity or death of a male earner. Employment and educational opportunities would be greater in the absence of caring responsibilities for a male partner or father.
- **Reduce male violence against women and children.** Alcohol and drug misuse, as well as mental health problems, contribute to male violence and sexual abuse.
- **Improve productivity at work.** Fit and healthy men are able to make a greater contribution to the workplace.
- **Reduce healthcare and wider costs.** Men’s premature mortality and morbidity has been estimated to cost the United States economy approximately USD 479 billion annually.²⁹ An assessment of the cost-savings that would accrue in Canada if there was a 1% annual relative reduction in the proportion of middle-aged men and women who smoke tobacco, consume hazardous or harmful levels of alcohol and have excess weight in the period 2013–2036 found that there would be a cumulative reduction in the country’s economic burden of over CAD 50.7 billion.³⁰
- **Help meet public health targets,** including the UN Sustainable Development Goals. Many of the key health issues included in the health targets in SDG 3 have a higher burden on men.

Health and Food Safety does not mention gender inequalities nor does the section on cross-cutting policy in the EC's State of Health in the EU Companion Report 2017.

A report by the European Parliament's Committee on Women's Rights and Gender on promoting gender equality in mental health and clinical research, published in 2016, has been criticised for largely overlooking men and boys and adopting a definition of gender that effectively includes only women and girls. The recent WHO Independent High-Level Commission report on non-communicable diseases²⁷ makes only the briefest mention of gender and does not address the burden of NCDs on men despite this being highlighted by GAMH in its response to the draft report.²⁸

Changing policy towards men

There are some encouraging signs of progress:

- WHO-Europe plans to publish a strategy for men's health for the 53 countries in its region in late-2018.³¹ This will be the first WHO region to develop a specific strategy for men's health.
- A recent high-level WHO-Europe meeting on non-communicable diseases agreed an Outcomes Statement which contained a commitment to a gender-based response which would take account of both men and women.³²
- The European Commission in 2015 launched a three-year project, GenCAD, which aims to improve the prevention of chronic diseases and patient outcomes through a better understanding of sex and gender differences. Coronary artery disease has been selected as an example.³³ There has also been significant EC investment in two transnational projects on men's health: EuroFIT³⁴ and Step By Step.³⁵
- National men's health policies have been developed in Australia, Brazil, Iran and Ireland. In 2017, after a largely positive independent review,³⁶ the Irish policy was extended for a further five years and explicitly linked to the government's over-arching public health policy, Healthy Ireland.³⁷ There is also evidence that the Australian and Brazilian policies have had a positive impact.³⁸
- There is growing awareness of the need to develop a gendered response to men's health problems. In a review of the social determinants of health in Europe for WHO, Professor Sir Michael Marmot observed:

Men's poorer survival rates ... reflect several factors – greater levels of occupational exposure to physical and chemical hazards, risk behaviours associated with male lifestyles, health behaviour paradigms related to masculinity and the fact that men are less likely to visit a doctor when they are ill and are less likely to report on the symptoms of disease or illness ...

national governments should develop strategies that 'respond to the different ways health and prevention and treatment services are experienced by men [and] women ... and [ensure] that policies and interventions are responsive to gender'.³⁹

- The recent UNAIDS report, *Blind Spot*, on the global response to HIV and AIDS showed that men are less likely than women to know their HIV status, less likely to access and adhere to HIV treatment and, as a consequence, more men are likely to die of AIDS-related illnesses than women.⁴⁰ The report recommended a range of gender-sensitive policy and practice responses, including making health and HIV services more easily accessible and appealing for men and boys, opening clinics outside standard working hours, making HIV services available outside of traditional clinical settings, including at workplaces and places of leisure (including sports activities), and using social media nudges and reminders, including via mobile phone apps and SMS messages, to provide health information and linkages to services. *Blind Spot* could serve as a blueprint for analyses of a range of other men's health issues.

ENGAGING MEN THROUGH SOCCER

A number of successful projects have used soccer to engage men in health improvement programmes.

Football Fans in Training (FFIT) programme in Scotland is a healthy living and weight loss programme that has been designed to appeal to men specifically.⁴¹ It incorporates scientific approaches to weight loss, physical activity and diet and taps the potential of professional football clubs to engage overweight and obese men in weight loss. A randomised controlled trial showed a 5.6kg average weight loss among men who attended the programme compared with 0.6kg among those who did not. Nearly 40% of attendees lost 5% of their baseline weight and there were also improvements in blood pressure. The FFIT model has now been introduced more widely in Europe (in England, Portugal, the Netherlands and Norway) as EuroFIT.

Grassroot Soccer uses football to educate and mobilize at-risk young people (male and female) in several sub-Saharan African countries to overcome health challenges and live healthy lives.⁴² Its SKILLZ curriculum uses football-based activities to encourage healthy habits and equitable gender norms among teenage boys and it assists with referrals to various health services, including sexual and reproductive health services. The programme's outcomes include significant improvements in knowledge of risky behaviours and in awareness of local resources for support. Among Grassroot Soccer's activities is a brief, low-cost intervention, *Make-The-Cut-Plus*, which aims to boost demand for voluntary medical male circumcision among males (aged 14–20 years) in secondary schools in Botswana, Kenya, South Africa, Swaziland, Zambia and Zimbabwe. The project employs a trained, recently circumcised young male coach who leads one-hour football-themed sessions at schools. Afterwards, the coach follows up with participants who expressed interest in voluntary medical male circumcision and arranges transport to a clinic. A study conducted at 26 schools in Bulawayo, Zimbabwe, found that the intervention more than doubled the odds of service uptake.

Recommendations

These positive developments need to be built on by a series of actions by global health organisations in all sectors. Unless they exist to serve one sex specifically, Global Action on Men's Health recommends that such institutions should now:

- **Audit** their existing policies and programmes to assess how they are addressing gender and men's health in particular and undertake to make changes as and where appropriate
- **Assess** the needs of men in the communities they serve or with respect to the issues they address
- **Include** gender – defined in a manner consistent with global norms – in their policies and programmes
- **Commit** themselves to actions that benefit all genders (male, female, trans and non-binary) and contribute to gender equality
- **Disaggregate** their programme data by sex
- **Deliver** training programmes on men's health to relevant staff
- **Recognise** that interventions that take account of gender differences are likely to achieve better outcomes
- **Take** actions that build on men's strengths and positive aspects of masculinity rather than being based on negative views of men and their attitudes and behaviours
- **Evaluate** and **disseminate** their work on men's health to improve the accessible evidence base
- If they are donors, **fund** research and programmes on men's health
- **Act** as advocates for actions to improve men's health on the widest possible scale
- **Maintain** and if possible **increase** their support for women's health programmes – resources should not be diverted from women's health to men's health

The launch of the Sustainable Development Goals (SDGs) in 2015 has created a new opportunity to address men's health. Indeed, the forthcoming WHO-Europe men's health strategy was in large part prompted by the SDGs. This is because many of the key health issues included in the health targets in SDG 3 disproportionately impact on men, including premature mortality from non-communicable diseases, substance abuse and road traffic accidents.

Conclusion

The data demonstrating the unnecessarily poor state of the health and wellbeing of men and boys around the world is widely-available and much of it is well-known by health policymakers and practitioners. There has not yet resulted in a sustained response from most health organisations working at the global level. However, there are some signs that a new approach is beginning to emerge and the publication of WHO-Europe's men's health strategy, expected in late-2018, will be especially significant.

But a more comprehensive response from a much wider range of global institutions is needed if the suffering of men and boys is to be addressed, the spin-off effects of poor men's health on women and children ameliorated, healthcare and wider costs reduced and global public health targets met. The evidence about how to engage men effectively is now available and growing. What is next needed is the commitment to tackle what has for far too long been an inequality hiding in plain sight.

ABOUT GLOBAL ACTION ON MEN'S HEALTH

Global Action on Men's Health (GAMH) was established in 2013 and launched during International Men's Health Week in June 2014. It is a collaborative project that brings together men's health organisations, and others which share their objectives, in a new global network.

GAMH's mission is to create a world where all men and boys have the opportunity to achieve the best possible health and wellbeing wherever they live and whatever their backroads.

GAMH's work includes:

- Encouraging the World Health Organisation (WHO) and other international agencies involved in public health to develop research, policies and strategies on men's health
- Urging individual states and non-governmental organisations (NGO's) to implement measures to tackle men's health problems
- Providing guidance on how to take effective action on men's health
- Bringing together men's health organisation, and others which share their objectives in a global network

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